

**MULTI-YEAR AFFIRMATIVE EMPLOYMENT PROGRAM PLAN**

- |                           |                                  |
|---------------------------|----------------------------------|
| * POLICY STATEMENT        | * STATEMENT OF ADEQUATE          |
| * DELEGATION OF AUTHORITY | MONITORING/EVALUATION SYSTEM     |
| * ORGANIZATIONAL CHART    | * PROGRAM ANALYSIS               |
| * CERTIFICATION OF        | * PROBLEM/BARRIER IDENTIFICATION |
| QUALIFICATIONS            | * REPORT OF OBJECTIVES AND       |
| * PLAN FOR THE PREVENTION | ACTION ITEMS                     |
| OF SEXUAL HARASSMENT      |                                  |

NAME OF ORGANIZATION

ADDRESS OF ORGANIZATION

ORGANIZATIONAL LEVEL: AGENCY \_\_\_\_\_ MOC \_\_\_\_\_ REGION \_\_\_\_\_  
COMMAND \_\_\_\_\_ INSTALLATION \_\_\_\_\_ HEADQUARTERS \_\_\_\_\_

NUMBER OF EMPLOYEES COVERED BY PLAN: TOTAL \_\_\_\_\_  
 PROFESSIONAL \_\_\_\_\_ ADMINISTRATIVE \_\_\_\_\_ TECHNICAL \_\_\_\_\_  
 CLERICAL \_\_\_\_\_ OTHER \_\_\_\_\_ BLUE COLLAR \_\_\_\_\_

[illegible]

NAME OF TITLE OF PRINCIPAL EEO OFFICIAL	
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SIGNATURE OF PRINCIPAL EEO OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_  
CERTIFIES THAT THIS PLAN IS IN COMPLIANCE WITH EEO-MD-714.

NAME AND TITLE OF HEAD OF ORGANIZATION OR DESIGNATED OFFICIAL

**SIGNATURE OF HEAD OF ORGANIZATION OR DESIGNATED OFFICIAL  
CERTIFIES THAT THIS PLAN IS IN COMPLIANCE WITH EEO-MD-714.**

EEOC FORM 566 (8/87)

**AFFIRMATIVE EMPLOYMENT PROGRAM FOR MINORITIES AND WOMEN**

**EEO POLICY STATEMENT**

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\_\_\_\_\_  
SIGNATURE OF AGENCY HEAD

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME AND TITLE OF AGENCY HEAD

**AFFIRMATIVE EMPLOYMENT PROGRAM FOR MINORITIES AND WOMEN**  
**D E L E G A T I O N   O F   A U T H O R I T Y**  
**(EXPLANATION OF RESPONSIBILITIES OF EEO PROGRAM OFFICIALS)**

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**EEOC FORM 566 (8/87)**

**AFFIRMATIVE EMPLOYMENT PROGRAM FOR MINORITIES AND WOMEN**

**O R G A N I Z A T I O N A L   C H A R T**

**AGENCIES SHALL SUBMIT AN ORGANIZATIONAL CHART OF THEIR AGENCY  
AND INCLUDE A LIST OF COMMANDS, MAJOR OPERATING COMPONENTS,  
REGIONAL OFFICES, AND INSTALLATIONS.**

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## AFFIRMATIVE EMPLOYMENT PROGRAM FOR MINORITIES AND WOMEN

CERTIFICATION OF QUALIFICATIONS OF EEO OFFICIALS

I CERTIFY THAT THE QUALIFICATIONS OF ALL STAFF OFFICIALS,  
FULL-TIME OR PART-TIME, RESPONSIBLE FOR THE ADMINISTRATION  
OF THE EQUAL EMPLOYMENT OPPORTUNITY PROGRAM AND AFFIRMATIVE  
EMPLOYMENT PROGRAM HAVE BEEN REVIEWED BY COMPETENT AUTHORITY  
AND MEET THE QUALIFICATION STANDARDS IN THE HANDBOOK X-118.

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SIGNATURE

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DATE

EEOC FORM 566 (8/87)

(08-07-91) PN 170

**MASTER COPY**

**AFFIRMATIVE EMPLOYMENT PROGRAM FOR MINORITIES AND WOMEN**

**PLAN FOR THE PREVENTION OF SEXUAL HARASSMENT**

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**AFFIRMATIVE EMPLOYMENT PROGRAM FOR MINORITIES AND WOMEN**

**STATEMENT OF ADEQUATE MONITORING/EVALUATION SYSTEM**

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**EEOC FORM 566 (8/87)**

(08-07-91) PN 170

**AFFIRMATIVE EMPLOYMENT PROGRAM FOR MINORITIES AND WOMEN**

**PROGRAM ANALYSIS**

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**PROVIDE A NARRATIVE ANALYSIS OF THE AFFIRMATIVE EMPLOYMENT  
PROGRAM FOR THE FOLLOWING ELEMENTS:**

- 1. ORGANIZATION AND RESOURCES**
- 2. WORK FORCE**
- 3. DISCRIMINATION COMPLAINTS**
- 4. RECRUITMENT AND HIRING**
- 5. EMPLOYEE DEVELOPMENT PROGRAMS**
- 6. PROMOTIONS .**
- 7. SEPARATIONS**
- 8. PROGRAM EVALUATION**



**AFFIRMATIVE EMPLOYMENT PROGRAM FOR MINORITIES AND WOMEN**

**PROBLEM/BARRIER IDENTIFICATION**

**PROVIDE A NARRATIVE DESCRIBING THE PROBLEMS/BARRIERS  
IDENTIFIED:**

**EEOC FORM 566 (8/87)**

(08-07-91) PN 170

**AFFIRMATIVE EMPLOYMENT PROGRAM FOR MINORITIES AND WOMEN**  
**REPORT OF OBJECTIVES AND ACTION ITEMS**

-----  
**PROGRAM ELEMENT:**

**PROBLEM/BARRIER STATEMENT:**

**OBJECTIVE:**

**RESPONSIBLE OFFICIAL:**  
**TARGET DATE:**

**ACTION ITEMS:**

**RESPONSIBLE  
OFFICIAL**

**TARGET DATE**

## AFFIRMATIVE EMPLOYMENT PROGRAM FOR MINORITIES AND WOMEN

COMMITMENT TO EQUAL EMPLOYMENT OPPORTUNITY

STATEMENT FOR AGENCIES WITH FEWER THAN 500 EMPLOYEES

POLICY STATEMENT FOR OCTOBER 1, 1987 THROUGH SEPTEMBER 30, 1992

\*\*\*\*\*

I AM AFFIRMING THIS AGENCY'S COMMITMENT TO TITLE VII OF THE CIVIL RIGHTS ACT OF 1964, AS AMENDED, WHICH GUARANTEES EQUAL EMPLOYMENT OPPORTUNITY FOR ALL EMPLOYEES AND APPLICANTS FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, OR NATIONAL ORIGIN. OUR OBJECTIVE IS TO PROVIDE A WORK ENVIRONMENT FREE OF UNLAWFUL EMPLOYMENT DISCRIMINATION.

ALL AGENCY EMPLOYEES, ESPECIALLY MANAGERS AND SUPERVISORS, ARE RESPONSIBLE FOR SUPPORTING OUR POLICY ON EQUAL EMPLOYMENT OPPORTUNITY AND FOR ASSURING THAT THE WORK PLACE IS FREE FROM DISCRIMINATION. ALL PERSONNEL PRACTICES INCLUDING RECRUITMENT, SELECTION, TRAINING, PROMOTION, TRANSFER, AND BENEFITS ARE REQUIRED TO BE FREE OF UNLAWFUL DISCRIMINATION.

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SIGNATURE OF AGENCY HEAD OR DESIGNATED OFFICIAL

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NAME AND TITLE

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DATE

EEOC FORM 567 (8/87)

January 19, 1958

APPENDIX C  
 FIGURE 1

U.S. DEPARTMENT OF AGRICULTURE  
 NUMERICAL OBJECTIVES BY PATCOR

OCCUPATIONAL CATEGORY	PLANNING CYCLE	TOTAL		WHITE		BLACK		HISPANIC		ASIAN AMERICAN/ PACIFIC ISLANDER		AMERICAN INDIAN/ ALASKAN NATIVE	
		ALL		MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
PROFESSIONAL	5-YEAR												
	FY												
ADMINISTRATIVE	5-YEAR												
	FY												
TECHNICAL	5-YEAR												
	FY												
CLERICAL	5-YEAR												
	FY												
OTHER	5-YEAR												
	FY												
BLUE COLLAR	5-YEAR												
	FY												
TOTAL	5-YEAR												
	FY												

Form AD-878 (11/87)

C-1

January 19, 1987

APPENDIX D  
 FIGURE 2

U.S. DEPARTMENT OF AGRICULTURE

NUMERICAL OBJECTIVES BY MAJOR OCCUPATION

DN 4310-3

SERIES NAME CATEGORY	PLANNING CYCLE	WHITE		BLACK		HISPANIC		ASIAN AMERICAN/ PACIFIC ISLANDER		AMERICAN INDIAN/ ALASKAN NATIVE	
		ALL	MALE	MALE	MALE	MALE	MALE	MALE	MALE	MALE	MALE
GS-	5-YEAR										
	FY										
GS-	5-YEAR										
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Form AD-855 (11/87)

D-1

**AFFIRMATIVE EMPLOYMENT PROGRAM FOR MINORITIES AND WOMEN**  
**ANNUAL AFFIRMATIVE EMPLOYMENT PROGRAM ACCOMPLISHMENT REPORT**  
**FOR FISCAL YEAR 19\_\_**

- \*\*\*\*\*
- \* SUMMARY ANALYSIS OF WORK FORCE
  - \* ACCOMPLISHMENT REPORT ON OBJECTIVES AND ACTION ITEMS
  - \* NOTEWORTHY ACTIVITIES AND INITIATIVES
- \*\*\*\*\*

\_\_\_\_\_  
NAME OF ORGANIZATION

\_\_\_\_\_  
ADDRESS OF ORGANIZATION

ORGANIZATIONAL LEVEL:    AGENCY \_\_\_\_    MOC \_\_\_\_    REGION \_\_\_\_  
                              COMMAND \_\_\_\_    INSTALLATION \_\_\_\_    HEADQUARTERS \_\_\_\_

NUMBER OF EMPLOYEES COVERED BY PLAN:    TOTAL \_\_\_\_  
                              PROFESSIONAL \_\_\_\_    ADMINISTRATIVE \_\_\_\_    TECHNICAL \_\_\_\_  
                              CLERICAL \_\_\_\_    OTHER \_\_\_\_    BLUE COLLAR \_\_\_\_

\_\_\_\_\_  
NAME OF CONTACT PERSON/PERSON PREPARING FORM    TELEPHONE NO.

\_\_\_\_\_  
NAME OF TITLE OF PRINCIPAL EEO OFFICIAL

\_\_\_\_\_  
SIGNATURE OF PRINCIPAL EEO OFFICIAL    DATE  
CERTIFIES THAT THIS REPORT IS IN COMPLIANCE WITH EEO-MD-714.

\_\_\_\_\_  
NAME AND TITLE OF HEAD OF ORGANIZATION OR DESIGNATED OFFICIAL

\_\_\_\_\_  
SIGNATURE OF HEAD OF ORGANIZATION OR DESIGNATED OFFICIAL  
CERTIFIES THAT THIS REPORT IS IN COMPLIANCE WITH EEO-MD-714.

EEOC FORM 568 (8/87)

**AFFIRMATIVE EMPLOYMENT PROGRAM FOR MINORITIES AND WOMEN**  
**ANNUAL AFFIRMATIVE EMPLOYMENT PROGRAM ACCOMPLISHMENT REPORT**

**SUMMARY ANALYSIS OF WORK FORCE**

**PROVIDE A NARRATIVE WORK FORCE ANALYSIS USING THE RELEVANT  
CIVILIAN LABOR FORCE. ANALYZE OCCUPATIONAL CATEGORIES, GRADE  
GROUPINGS, AND MAJOR OCCUPATIONS.**

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**AFFIRMATIVE EMPLOYMENT PROGRAM FOR MINORITIES AND WOMEN**

**ACCOMPLISHMENT REPORT OF OBJECTIVES AND ACTION ITEMS**

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**PROGRAM ELEMENT:**

**PROBLEM/BARRIER STATEMENT:**

**OBJECTIVE:**

**RESPONSIBLE OFFICIAL:**

**TARGET DATE:**

**ACTION ITEMS:**

**RESPONSIBLE  
OFFICIAL**

**TARGET DATE**

**REPORT ON ACCOMPLISHMENT OF OBJECTIVE:**

**EEOC FORM 568 (8/87)**

(08-07-91) PN 170



**AFFIRMATIVE EMPLOYMENT PROGRAM FOR MINORITIES AND WOMEN**  
**ANNUAL AFFIRMATIVE EMPLOYMENT PROGRAM ACCOMPLISHMENT REPORT**

**NOTEWORTHY ACTIVITIES/INITIATIVES**

**LIST NOTEWORTHY ACTIVITIES/INITIATIVES WHICH HAVE BEEN  
SUCCESSFUL IN IMPROVING EMPLOYMENT AND PROMOTIONAL  
OPPORTUNITIES FOR MINORITIES AND WOMEN.**

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Farmers Home Administration  
Federal Equal Opportunity Recruitment Program Plan

STATE/FINANCE OFFICE

ADDRESS OF STATE/FINANCE OFFICE

NUMBER OF EMPLOYEES COVERED

NAME AND TITLE OF PRINCIPAL FEORP OFFICIAL

SIGNATURE

DATE

Vacancy Projection for Most Populous Series

Populous Occupational Series	Vacancy Resulting from Promotion			Vacancy Resulting from Retirement			Vacancy Resulting from Reassignment			Vacancy Resulting from Separation			Vacancy Resulting from Other Actions			Total Vacancy Project.		
	*E	M	S	E	M	S	F	M	S	E	M	S	F	M	S	E	M	S
475 Professional																		
510 Professional																		
1165 Administrative																		
334 Administrative																		
**1101 Technical																		
**525 Technical																		
**1101 Clerical																		
322 Clerical																		
518 Clerical																		

\*Professional/Administrative: Entry (GS 5-7) Mid (GS 9-12) Senior (GS/GM-13+)  
Technical: Entry (GS 1-4) Mid (GS 5-8) Senior (GS/GM-9+)  
Clerical: Entry (GS 1-4) Mid (GS 5-8) Senior (GS/GM-9+)

\*\*1101 Series: GS 1-5 = Clerical GS 6-10 = Technical  
525 Series: GS 1-3 = Clerical GS 4 & Above = Technical

(1) Level of Manifest Imbalance or Conspicuous Absence (Indicate Below Whether Entry, Mid or Senior)	(2) Grade	(3) Action Items to Resolve Manifest Imbalance or Conspicuous Absence (Indicate Below Whether External or Internal)	(4) Level to Commitment (Include Frequency of Action and How Many)	(5) Responsible Official	(6) Start Date	(7) Completion Date	(8) Report on Accomplishment of Action Items